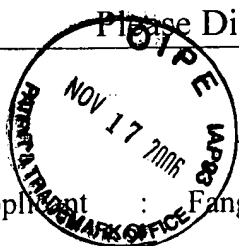


Please Direct All Correspondence to Customer Number **20995****AMENDMENT / RESPONSE TRANSMITTAL**

Applicant : Fangrow et al.

App. No : 09/879,364

Filed : June 12, 2001

For : MEDICAL VALVE WITH POSITIVE
FLOW CHARACTERISTICS

Examiner : Bhisma Mehta

Art Unit : 3767

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

November 13, 2006

(Date)

Paul N. Conover, Reg. No. 44,087

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Response to Office Action dated June 12, 2006 in 5 pages.
- (X) Terminal Disclaimer in 2 pages.
- (X) An Information Disclosure Statement and PTO/SB/08 equivalent listing references for consideration:
 - (X) Listing 10 references.
 - (X) Enclosing 1 reference.


The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Excess Claims	17 - 21 = 0	1202 (\$50)	0 x 50 =	\$0
Excess Independent	3 - 3 = 0	1201 (\$200)	0 x 200 =	\$0
2 Month Extension	1.17(a)(2)	1252 (\$450)		\$450
Terminal Disclaimer				\$130
Information Disclosure Statement Fee	1.17(p)	1806 (\$180)		\$180
			TOTAL FEE DUE	\$760

Please Direct All Correspondence to Customer Number 20995

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$760 is enclosed.
- (X) Return prepaid postcard.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Paul N. Conover

Registration No. 44,087

Attorney of Record

Customer No. 20,995

(949) 760-0404